Form 5500-SF Short Form Annual Return/Report of Small Emponenties Benefit Plan						OMB Nos. 1210-011 1210-008				
	rtment of the Treasury mal Revenue Service	This form is required to be filed			tirement	;	2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the I			orm is Open to ic Inspection			
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.	•				
For calenda	Annual Report I ar plan year 2016 or fisc	dentification Information	016	and ending 12/	/31/2016					
		a single-employer plan		plan (not multiemployer) (F		king this box	must attach a			
A This ret	turn/report is for:	a one-participant plan	list of participating e							
B This retu	urn/report is	the first return/report	the final return/report	t						
		an amended return/report		urn/report (less than 12 mo	onths)					
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
		x special extension (enter descr	iption) IRS NOTICE 2017	7-49	_ .					
Part II	Basic Plan Infor	mation—enter all requested inf	ormation							
1a Name BISCAYNE E		(K) PROFIT SHARING PLAN			1b Three plan (PN)	number	003			
						tive date of				
2a Plan si	ponsor's name (employ	er, if for a single-employer plan)			2b Empl		ication Number			
Mailing address (include room, apt., suite no. and street, or P.O. Box)				(EIN)	·	39623				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHN G. JACOBSEN, INC.				2c Sponsor's telephone number 305-460-6818					
					2d Business code (see instructions)					
	555 POINCIANA AVENUE 11AMI, FL 33133-6526				488300					
ivit/tivit, T E OC	100 0020									
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spon	ISOr.		3b Admi	inistrator's E	IN			
							_			
					3c Admi	nistrator's te	elephone number			
4 If the r	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed	I for this plan, enter the	4b EIN					
name,	, EIN, and the plan num	ber from the last return/report.								
a Sponse					4c PN					
		at the beginning of the plan year			5a		31 27			
		at the end of the plan year			5b					
		ccount balances as of the end of t		•	5c		27			
	,	ticipants at the beginning of the pla		F						
• •		ticipants at the end of the plan yea	-		5d(2)					
e Numb	per of participants that te	erminated employment during the	plan year with accrued b	penefits that were less	5e		C			
than f	100% vested	r incomplete filing of this return	/roport will be accord	d unloss reasonable agu		bliched				
Under pena	alties of perjury and othe	er penalties set forth in the instruc	ctions, I declare that I hav	ve examined this return/rep	ort, includi	ing, if applic	able, a Schedule			
SB or Sche	edule MB completed and	d signed by an enrolled actuary, a	is well as the electronic v	ersion of this return/report,	, and to the	best of my	knowledge and			
	true, correct, and completing Filed with authorized/va	alid electronic signature.	01/10/2018	JOHN G. JACOBSEN						
SIGN HERE	Signature of plan ad		Date	Enter name of individu	al signing	as plan adm	ninistrator			
SIGN	•				<u></u>					
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individu		as employe	r or plan sponsor			
Preparer's		ame, if applicable) and address (in				s telephone				
EJREYNOL						954-431-	1774			
	BOULEVARD									
SUITE 110				-						
PEINBROKE	E PINES, FL 33024									

	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			/ · · · · · · · · · · · · · · · · · · ·
	If you answered "No" to either line 6a or line 6b, the plan cann			
с	If the plan is a defined benefit plan, is it covered under the PBGC ir			
	rt III Financial Information		o ()	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	178269	176265
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	178269	176265
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-2004	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-2004
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2004
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $3H$	feature co	des from the List of Plan Characteris	stic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characterist	ic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:				N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Form 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	of Small Empl	OMB Nos. 1210-01 1210-00				
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 4						
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation		accordance with the inst	ructions to the Form 5	500-SF.				
	Identification Information							
For calendar plan year 2016 or fi		01/01/2016	and ending		1/2016			
A This return/report is far:	X a single-employer plan				ing this box must attach a the the form instructions.)			
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558	automatic extension			ooram			
	Special extension (enter desc	L.	2017-49	<i>1</i>				
Part II Basic Plan Info	rmation-enter all requested ir							
1a Name of plan			0	1b Three	-digit			
Biscayne Bay Pilots,	Inc. 401(k) Profit	Sharing Plan		plan n	umber 003			
				(PN)				
					ive date of plan 1 / 1 9 8 9			
2a Plan sponsor's name (emplo	yer, if for a single-employer plan)	,,,			yer Identification Number			
Mailing address (include roo	m, apt., suite no. and street, or P.	O, Box)			65-0639623			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) John G. Jacobsen, Inc.				2c Sponsor's telephone number				
bolli di blebbelly file.				305-460-6818				
3555 Poinciana Avenu	le			20 Busine 48830	ess code (see instructions)) 0			
Miami	FL 33133-652	6		i				
3a Plan administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admin	istrator's EIN			
				3c Admin	istrator's telephone number			
	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants	at the beginning of the plan year.			5a	31			
b Total number of participants	at the end of the plan year			5b	27			
c Number of participants with	account balances as of the end of	f the plan year (only defined	contribution plans	5c	27			
	rticipants at the beginning of the p			5d(1)	29			
	rticipants at the end of the plan ye			5d(2)	27			
e Number of participants that	terminated employment during the	e plan year with accrued be	nefits that were less	5e				
than 100% vested	or incomplete filing of this retur	n/report will be personal	uniosé reconcible de		0			
Under penalties of perjury and oti SB or Schedule MB completed at	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	port, includin	g, if applicable, a Schedule			
belief, it is true, correct, and com	Amile	- 1/12/2018	John G. Jacobs					
SIGN HERE	071							
Sugnature of plan a	dminiștrator	Date /	Enter name of individe	ual signing a	s plan administrator			
SIGN / / / / / / / / / / / / / / / / / / /								
Signature of emplo		Date			s employer or plan sponsor			
Preparer's name (including firm n EJReynolds, Inc. EJReynolds, Inc. 9050 Pines Boulevard	name, if applicable) and address (i	nciude room or suite numbe	9F)	•	lelephone number 54-431-1774			
Suite 110								
Pembroke Pines	FL 33024				and the second second second			

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	F	ag€	2
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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public a	account	tant (IC	(PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Pa	t III Financial Information		_	_	_			
7	Plan Assets and Liabilities		(a) Beginning (of Year	r		(t) End of Year
a	Total plan assets	7a		178,	269			176,265
b	Total plan liabilities	7b		=				
C	Net plan assets (subtract line 7b from line 7a)	7c		178,	269	_		176,265
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from:	0-143						
	(1) Employers	8a(1)						
-	(2) Participants	8a(2)	_				-	
	(3) Others (including rollovers)	8a(3)		-2,	004			and a seture of the set
	Other income (loss)	8b		-2,	004			-2.004
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		-	-			-2,004
	to provide benefits)	8d						Charles States and
_	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				1.13		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Esterniza int					0
1	Net income (loss) (subtract line 8h from line 8c)	8i		-				-2,004
J	Transfers to (from) the plan (see instructions)	8i -					81	
Par	t IV Plan Characteristics				_		1.1	
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $3H$	feature code	es from the List of Pla	an Cha	racteris	stic Co	odes in ti	he instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code:	s from the List of Plan	n Chara	acterist	ic Cod	des in th	e instructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х	G		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	e benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	10g		x		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	otice or one of the	10i		-		

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Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	ete Sch	edule S	в		Yes [] No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					-		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?					_	Yes	<] No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: 	structio	ns, and	d enter t	he date	of the let	er rulin	
granting the waiver.			Day	/	Year		<u> </u>
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		-	401		_		
b Enter the minimum required contribution for this plan year			12b			_	_
C Enter the amount contributed by the employer to the plan for this plan year			12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******			Yes	No No	N/.	A
Part VII Plan Terminations and Transfers of Assets					1.00	2.3	_
13a Has a resolution to terminate the plan been adopted in any plan year?				Ye:	s 🛛 I	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••		13a				_
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	ght und	ler the		1	Yes	X No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ify the	plan(s)) to			_	
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s	s)
Part VIII Trust Information							_
		_	4.41			_	
14a Name of trust			140 1	Frust's E	EIN		
14c Name of trustee or custodian					s or custo ne numbe		_
Part IX IRS Compliance Questions			-				
15a Is the plan a 401(k) plan? If "No," skip b		Yes		[No No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	0	safe i	n-based arbor ent year	L	Prior y test	/ear" A[)P
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio	_		verage enefit test	0	N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		1	No No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number							
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the	e date	of the m	ost reci	ent determ	ination	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?	arated	from] Yes	. [] No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	. [] No		